

**BROWN & ASSOCIATES**

Docket Number: \_\_\_\_\_

**Declaration and Power of Attorney For U.S. Patent Application**

As a below named inventor, I hereby declare that:

1. My residence, post office address and citizenship are as stated below my name.
2. I believe I am the original, sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled Head Massaging Device, the specification of which is attached hereto.
3. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.
4. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.
5. I hereby appoint as principal attorney Kevin C. Brown, U.S. Patent & Trademark Office Registration No. 32,402, to prosecute the above-identified application (and any continuation, division or continuation-in-part thereof) and to transact all business in the U.S. Patent and Trademark Office connected therewith.
6. Please direct all communications concerning this application to the following address:

Brown & Associates  
115 South Royal Street, Suite 148  
Alexandria, VA 22314-3327

Telephone: (703) 768-1293  
Facsimile: (703) 768-8799

7. I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or under §365(a) of any PCT International application which designated at least one country other than the United States, listed below, and have also identified below any foreign application for patent or inventor's certificate or PCT International Application having a filing date before that of the application(s) for which priority is claimed:

Priority Claimed

☒ Yes ☐ No

(Application Number)

(Country)

(Day/Month/Year Filed)

8. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this application or any patent issued thereon.

Sole Inventor's signature: \_\_\_\_\_

Date 17/6/99

Full name of Sole Inventor: \_\_\_\_\_

DWAYNE LACEYResidence: 3 Oldham Crescent, Hilton, Western Australia 6163, AustraliaCountry of Citizenship: AustraliaPost Office Address: 3 Oldham Crescent, Hilton, Western Australia 6163, Australia

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**SMALL ENTITY DECLARATION**APPLICANT: DWAYNE LACEYSERIAL NO.: (Unknown-New Application)

ATTORNEY DOCKET NO.: \_\_\_\_\_

FILED: herewithTITLE: Head Massaging Device

I (we) hereby declare that I (we) am (are) entitled to the benefit of small entity status with respect to the above-identified application or patent for purposes of paying reduced fees under 35 U.S.C. §541(a) and (b) to the U.S. Patent and Trademark Office.

**SMALL BUSINESS CONCERN**

I am ☐ THE OWNER ☐ AN OFFICIAL of the small business concern identified below and am empowered to act on behalf of the concern. The concern qualifies under 37 C.F.R. §1.9(d) and 13 C.F.R. §121.1301 - 121.1305. Rights under contract or law have been conveyed to and remain with the concern and are exclusive.

I (we) acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. §1.28(b)).

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Name of Concern or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

By DWAYNE LACEY

Name of Person Signing

Signature

Title

Date

17/6/99